## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number -

Kirk-11-5-4-18:1

| CLAIMS AS FILED - PART (Column 1)                                                                                                                                                                                                                                                                                   |                                                   |                                             |                 |                   |                                  | nn 2)            |         | SMALL EN       | ΠΠΥ<br>□               | OR             | OTHER<br>SMALL | . , ,                  |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------|-----------------|-------------------|----------------------------------|------------------|---------|----------------|------------------------|----------------|----------------|------------------------|------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                        |                                                   |                                             | 15              |                   |                                  |                  |         | RATE           | FEE                    |                | RATE           | FEE.                   | . *  |
| FOR                                                                                                                                                                                                                                                                                                                 |                                                   |                                             | NUMBER FILED    |                   | NUMB                             | R EXTRA          |         | BASIC FEE      | 370.00                 | OR             | BASIC FEE      | 740.00                 |      |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                             |                                                   |                                             | /5 minus 20=    |                   | •                                |                  |         | X\$ 9=         |                        | OR             | X\$18=         |                        |      |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                  |                                                   |                                             | 3 minus 3 =     |                   | *                                | ·. ··.           |         | X42=           |                        | OR             | X84=           | :                      | 1111 |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                                                                    |                                                   |                                             |                 |                   |                                  |                  |         | +140=          |                        | OR             | +280=          |                        | : ;  |
| * If the difference in column 1 is less than zero, ente                                                                                                                                                                                                                                                             |                                                   |                                             |                 |                   | r "0° in c                       | olumn 2          |         | TOTAL          |                        |                | TOTAL          | 740.                   |      |
| CLAIMS AS AMENDED - PART II OTHE                                                                                                                                                                                                                                                                                    |                                                   |                                             |                 |                   |                                  |                  |         |                |                        | OTHER<br>SMALL | THAN :         |                        |      |
| AMENDMENTA                                                                                                                                                                                                                                                                                                          |                                                   | CLAIMS REMAINING AFTER AMENDMENT            |                 | NUM<br>PREVI      | HEST .<br>MBER<br>OUSLY !<br>FOR | PRESENT<br>EXTRA | :<br>., | . RATE         | ADDI-<br>TIONAL<br>FEE |                | RATE           | ADDI-<br>TIONAL<br>FEE | <br> |
|                                                                                                                                                                                                                                                                                                                     | Total                                             | 15                                          | Minus :         | **. 7             | 20:                              | . · · )          | ]       | X\$ 9=         |                        | OR             | X\$18=         | i                      |      |
|                                                                                                                                                                                                                                                                                                                     | Independent                                       | 1/3::31                                     | Minus           | ***               | 3                                | <b>≓</b> '. →;\  |         | X42=           | ::                     | ÖR             | · X84=`        | 1373                   | .45  |
|                                                                                                                                                                                                                                                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM: : |                                             |                 |                   |                                  |                  |         | +140=          |                        | OR             | +280=          |                        |      |
| ADDIT, FEE OR ADDIT, FEE                                                                                                                                                                                                                                                                                            |                                                   |                                             |                 |                   |                                  |                  |         |                |                        |                |                | ,                      |      |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                    |                                                   |                                             |                 |                   |                                  |                  |         |                |                        |                |                | .,,                    |      |
| AMENDMENT B                                                                                                                                                                                                                                                                                                         |                                                   | CLAIMS REMAINING AFTER AMENDMENT            |                 | NU!<br>PREV       | HEST<br>MBER<br>IOUSLY<br>D FOR  | PRESENT<br>EXTRA | ŀ       | RATE           | ADDI-<br>TIONAL<br>FEE | ·              | RATE           | ADDI:<br>TIONAL<br>FEE | ×, 7 |
|                                                                                                                                                                                                                                                                                                                     | Total                                             | g Vige of 13 €                              | Minus           | **                |                                  | <b>.</b>         |         | X\$ 9 <i>≐</i> |                        | OR             | X\$18=         |                        | <br> |
|                                                                                                                                                                                                                                                                                                                     | Independent                                       | *                                           | Minus .         | ***               |                                  | -                | 1       | X42=           |                        | OR             | X84=           |                        |      |
|                                                                                                                                                                                                                                                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM    |                                             |                 |                   |                                  |                  |         | +140=          |                        | OR             | +280=          |                        |      |
| • •                                                                                                                                                                                                                                                                                                                 |                                                   |                                             |                 |                   |                                  |                  |         | TOTAL          |                        | OR             | TOTAL          | •                      |      |
| AUCH : FEE C                                                                                                                                                                                                                                                                                                        |                                                   |                                             |                 |                   |                                  |                  |         |                |                        |                |                |                        | 1.   |
| NTC                                                                                                                                                                                                                                                                                                                 |                                                   | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                 | HIG<br>NU<br>PREV | HEST<br>MBER<br>MOUSLY<br>D FOR  | PRESENT<br>EXTRA |         | RATE           | ADDI-<br>TIONAL<br>FEE |                | RATE           | ADDI-<br>TIONAL<br>FEE |      |
| NO.                                                                                                                                                                                                                                                                                                                 | Total                                             | •                                           | Minus           | **                |                                  | =                |         | X\$ 9=         |                        | OR             | X\$18=         |                        | 1    |
| AMENDMENT                                                                                                                                                                                                                                                                                                           | Independent                                       | *                                           | Minus           | ***               |                                  | =                |         | X42=           |                        | OR             | V24            |                        | 1    |
| L                                                                                                                                                                                                                                                                                                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM    |                                             |                 |                   |                                  |                  |         |                |                        | 1              |                | 1                      | -    |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                                                                                                                               |                                                   |                                             |                 |                   |                                  |                  |         |                |                        |                |                |                        |      |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter *20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter *3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                   |                                             |                 |                   |                                  |                  |         |                |                        |                |                |                        | -    |
|                                                                                                                                                                                                                                                                                                                     | The "Highest Nur                                  | mber Previously P                           | aid For* (Total | or Indepe         | ndent) is th                     | e highest num    | iber f  | ound in the ap | opropriate bi          | ox in c        | owmn 1.        |                        |      |